

REDACTED

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From Marybeth Gorman

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TETRA TECH EM Inc.
Boothwyn Office

QUALITY CONTROL REVIEW SHEET

Update No. 3 for START
August 2006

Site/Project Name: <u>Smokey Mountain</u>		TDD Number: <u>103PX90170003.0001.0001.0</u>	
Site Lead: <u>Shultz, Mic.</u>	EPA WAM: <u>John Nolan</u>	Date Initiated: <u>4/13/09</u>	Date Due to Client: <u>4/16/09</u>
Document Title:		Number of Pages: <u>20</u>	
Client (Office, Site, and/or Installation): <u>EPA</u>	Type of Product:	Level of Review:	Document Tracking:
	Sampling Plan <input checked="" type="checkbox"/> Trip Report <input type="checkbox"/> After Action Report <input type="checkbox"/> PA/SI Report <input type="checkbox"/> HRS Package <input type="checkbox"/> Other (Specify): _____	Technical <input checked="" type="checkbox"/> Editorial <input checked="" type="checkbox"/> Proof <input checked="" type="checkbox"/> QCC <input checked="" type="checkbox"/>	Document Tracking Number
Audience (Government Officials, Congress, Public, etc.):			

Special Quality Control Review Modifications, Restrictions, or Alternative Requirements Specified by the Client:

Technical Reviewer: <u>S. Davis</u>	Due Date: <u>4/15/09</u>	Review Date: _____	Signature: _____		
TECHNICAL REVIEWER ITEMS	NOT APPLICABLE	NO CHANGES	SEE TEXT FOR CHANGES	PLEASE DISCUSS	COMMENTS (ATTACH ADDITIONAL COMMENTS)
Intended Scope Covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Technical Adequacy and Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Data Validated/Calculations Checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tables/Figures Supportive of Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recommendations Justified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conclusions Supported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Editorial Reviewer: <u>M. Gorman</u>	Due Date: <u>4/15/09</u>	Review Date: <u>4/15/09</u>	Signature: <u>Marybeth Gorman</u>		
EDITORIAL REVIEWER ITEMS	NOT APPLICABLE	NO CHANGES	SEE TEXT FOR CHANGES	PLEASE DISCUSS	COMMENTS (ATTACH ADDITIONAL COMMENTS)
Overall Organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Format	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Clarity, Consistency, and Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Logical Exposition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Reference Lists and Citations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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QCC Reviewer: S. Harrigan Due Date: 4/16/09 Review Date: 4/15 & 4/16/09

QCC Review Remarks	
Additional Changes or Rework of the document is Necessary	<input type="checkbox"/>
Additional Comments Attached	<input checked="" type="checkbox"/>
QCC Final Confirmation of Changes	
All Necessary Technical Reviewer Comments Incorporated or Answered	<input checked="" type="checkbox"/>
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Date Document will be Delivered to Client: _____	Method of Delivery (FedEx, UPS, E-Mail, Hand): _____
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